

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 45

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

JEFF DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. IContact

Mailing Address 2635 Meridian Pkwy

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 03 | | 2015 |

| | | |
|--------|-------|------------|
| City | State | Zip Code |
| Durham | NC | 27713-4201 |

Amount of Each Disbursement this Period

| |
|-------|
| 74.00 |
|-------|

Transaction ID : B890FF682972D4D96A18

Purpose of Disbursement
web services

Candidate Name

Category/
Type

| | | |
|----------------|-----------|--|
| Office Sought: | House | Disbursement For: 2016 |
| | Senate | |
| | President | |
| | | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| | | <input type="checkbox"/> Other (specify) |

State: District:

Full Name (Last, First, Middle Initial)

B. Kruba Restaurant

Mailing Address 300 Water St. SE

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 06 | | 2015 |

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20003 |

Amount of Each Disbursement this Period

| |
|--------|
| 200.00 |
|--------|

Transaction ID : BF312310C9019433781F

Purpose of Disbursement
Meeting - Meals

Candidate Name

Category/
Type

| | | |
|----------------|-----------|--|
| Office Sought: | House | Disbursement For: 2016 |
| | Senate | |
| | President | |
| | | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| | | <input type="checkbox"/> Other (specify) |

State: District:

Full Name (Last, First, Middle Initial)

c. Tortilla Coast

Mailing Address 400 1st St SE

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 06 | | 2015 |

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Washington | DC | 20003-1826 |

Amount of Each Disbursement this Period

| |
|-------|
| 33.38 |
|-------|

Transaction ID : BEAD55E2EB9EA4EDCBC3

Purpose of Disbursement
Meeting - Meals

Candidate Name

Category/
Type

| | | |
|----------------|-----------|--|
| Office Sought: | House | Disbursement For: 2016 |
| | Senate | |
| | President | |
| | | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| | | <input type="checkbox"/> Other (specify) |

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

307.38